

**CJA 30 DEATH PENALTY PROCEEDINGS: APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)**

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1. CIR./DIST./DIV. CODE   |  | 2. PERSON REPRESENTED<br><u>Jeremias Exequiel Amaya</u>   |  | VOUCHER NUMBER  |  |
| 3. MAG. DKT./DEF. NUMBER  |  | 4. DIST. DKT./DEF. NUMBER<br><u>CR 10-0074 JFS</u>  |  | 5. APPEALS DKT./DEF. NUMBER   |  |
| 7. IN CASE/MATTER OF (Case Name)<br><u>USA v. Prado et al</u>   |  | 8. TYPE PERSON REPRESENTED<br><input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Other<br><input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Appellee |  | 9. REPRESENTATION TYPE<br><input type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital)<br><input type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D4 Other (Specify) |  |
| 10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> |  |   |  |   |  |

11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

Joshua Dratel  
2 Wall Street  
3rd Floor  
NY, NY 10005

Telephone Number: 212-732-0707

**12. COURT ORDER:**

- ☒ O Appointing Counsel  
☐ F Subs For Federal Defender  
☐ P Subs For Panel  
☐ C Co-Counsel  
☐ R Subs For Retained Attorney  
☐ Y Standby Counsel

**Prior Attorney's**

(A) Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications by law, is appointed to represent the person in this case.

(B) The attorney named in Item 11 is appointed to serve as: ☐ LEAD COUNSEL ☐ CO-COUNSEL

**Name of Co-Counsel or Lead Counsel:**

(C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead in counsel or co-counsel).  
☐ (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time, for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order.

Signature of Presiding Judge  
8/11/10  
 Date of Order

Nunc Pro Tunc Date

(E) Repayment or partial repayment ordered from the person represented for this service at time of appointment.  
☐ YES ☐ NO

14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.

|  |  |   |  |  |                                   |
|--|--|---|--|--|-----------------------------------|
| <b>CAPITAL PROSECUTION</b>                   |  | <b>HABEAS CORPUS</b>                            |  | <b>OTHER PROCEEDING</b>  |                                   |
| a. <input type="checkbox"/> Pre-Trial        | e. <input type="checkbox"/> Appeal   | g. <input type="checkbox"/> Habeas Petition     | k. <input type="checkbox"/> Petition for the U.S. Supreme Writ of Certiorari | i. <input type="checkbox"/> Stay of Execution  | o. <input type="checkbox"/> Other |
| b. <input type="checkbox"/> Trial            | f. <input type="checkbox"/> Petition for the U.S. Supreme Writ of Certiorari | h. <input type="checkbox"/> Evidentiary Hearing | l. <input type="checkbox"/> Dispositive Motions                              | m. <input type="checkbox"/> Appeal of Denial of Stay   |                                   |
| c. <input type="checkbox"/> Sentencing       |  | j. <input type="checkbox"/> Appeal              |  | n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay |                                   |
| d. <input type="checkbox"/> Other Post Trial |  |   |  |  |                                   |

| 15. CATEGORIES (Attach itemization of services with dates)   | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH. ADJUSTED HOURS | MATH/TECH. ADJUSTED AMOUNT | ADDITIONAL REVIEW |
|--|---------------|----------------------|---------------------------|----------------------------|-------------------|
| a. In-Court Hearings (RATE PER HOUR = \$ )                   |               | 0.00                 |                           |                            |                   |
| b. Interviews and Conferences with Client                    |               |                      |                           |                            |                   |
| c. Witness Interviews  |               |                      |                           |                            |                   |
| d. Consultation with Investigators & Experts                 |               |                      |                           |                            |                   |
| e. Obtaining & Reviewing the Court Record                    |               |                      |                           |                            |                   |
| f. Obtaining & Reviewing Documents and Evidence              |               |                      |                           |                            |                   |
| g. Consulting with Expert Counsel                            |               |                      |                           |                            |                   |
| h. Legal Research and Writing                                |               |                      |                           |                            |                   |
| i. Travel  |               |                      |                           |                            |                   |
| j. Other (Specify on additional sheets)                      |               |                      |                           |                            |                   |
| TOTALS: Categories b thru j (RATE PER HOUR = \$ )            | 0.00          | 0.00                 | 0.00                      | 0.00                       | 0.00              |
| 16. Travel Expenses (lodging, parking, meals, mileage, etc.) |               |                      |                           |                            |                   |
| 17. Other Expenses (other than expert, transcripts, etc.)    |               |                      |                           |                            |                   |
|  |               | 0.00                 |                           | 0.00                       |                   |

18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

20. CASE DISPOSITION

21. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number

☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this representation? ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney

Date

|                                      |                        |                     |                    |  |
|--------------------------------------|------------------------|---------------------|--------------------|--|
| 22. IN COURT COMP.                   | 23. OUT OF COURT COMP. | 24. TRAVEL EXPENSES | 25. OTHER EXPENSES | 26. TOTAL AMT. APPROVED<br><b>\$0.00</b> |
| 27. SIGNATURE OF THE PRESIDING JUDGE |                        |                     | DATE               | 27a. JUDGE CODE                          |